PLAN YEAR 1/1/2024 THROUGH 12/31/2024 DENTAL AND VISION APPLICATION FOR BALTIMORE COUNTY GOVERNMENT RETIREES

Return to:
BALTIMORE COUNTY INSURANCE DIVISION
400 WASHINGTON AVE, RM 111, TOWSON, MD 21204

Phone # 410-887-2568 FAX # 410-887-3820

FOR INS. USE ONLY:					
Effective date:					
Completed by:					
Date processed:					

400 WASHINGTON AVE, RM 111, TOWSON, MD 21204 <u>Email:</u> bcbenefits@baltimorecountymd.gov							Date processed:			
RETIREE PERSONAL INFORMATION										
Retiree Name			Street							
SSN(last 4)		City			State		Zip			
DOB		Primary Phone								
DEPENDENT(S) BEING ADDED OR REMOVED										
	Name Relation		ship SSN		Gender	Gender Date of Birth				
BENEFIT PLAN OPTIONS										
PLEASE ☑ PLAN DESIRED AND CIRCLE LEVEL OF COVERAGE OR ☑ WAIVE										
NON-MEDICARE RETIREES ☐ Waive Dental ☐ Waive Vision ☐ Waive Dental & Vision										
I I I Grafiret Bl. BS Traditional Liantal I			lividual 38.41	Parent/Child \$57.60		Retiree/Spou \$76.81	se	Family \$115.26		
I I I arabiret Bl BS Pratarrad Hantal PPI I I			lividual 37.85	Parent/Cl \$11.13		Retiree/Spou \$14.86	se	Family \$22.29		
I I I I I I I I I I I I I I I I I I I			lividual 64.94	Parent/Cl \$8.91	hild	Retiree/Spouse \$9.87		Family \$14.88		
			lividual \$.27			Retiree/Spou \$.55	se	Family \$.83		
MEDICARE RETIREES/ NON- MEDICARE SPOUSE OF MEDICARE RETIREE										
OVER AGE 65 RETIREES & SPOUSES ☐ Waive Dental ☐ Waive Vision ☐ Waive Dental & Vision										
	BCBS Traditional Dent	'al	lividual 38.41	Parent/Cl \$57.60		Retiree/Spou	se	Family \$115.26		
☐ CareFirst B	BCBS Preferred Dental PPO		lividual 31.42	Parent/Child \$44.55		Retiree/Spou \$59.44	se	Family \$89.19		
□ Cigna Der			lividual 19.79	Parent/Child \$35.66		Retiree/Spou \$39.50	se	Family \$59.54		
□ NVA Visio	n	Inc	lividual 32.78	Parent/Cl \$4.18	hild	Retiree/Spou \$5.56	se	Family \$8.34		

Retiree Signature Date